

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**BRAD POIRIEZ, EXECUTIVE DIRECTOR**

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Gasoline Dispensing Application Form

Remit \$288.00 with this document (\$164.00 for change of owner)

PLEASE TYPE OR PRINT

Section 1: Owner information

a. Permit To Be Issued To (company name):			b. Federal Tax ID #:	
c. Mailing/Billing Address (for above company name) <i>include city, state, and zip code</i> :				
d. Facility or Business License Name (for equipment location):				
e. Facility Address - Location of Equipment (if same as for company, enter "Same"):			Equip. Coordinates (lat/long):	
f. Contact Name:	Title:	Email Address:	Phone:	
General Nature of Business:			Company NAICS:	
Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal				

Section 2: Nature of application

Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Non-Retail	
Date Business was acquired: _____	
Application is for what type of permit: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of Owner	For modification or change of owner: _____ Current Permit Number
Do you claim Confidentiality of Data? _____ No _____ Yes (attach explanation; specify which information provided is confidential)	

Section 3: Throughput information

Please Indicate Maximum Anticipated Throughput					
Existing Facility			New Facility		
<input type="checkbox"/> Gasoline all grades combined	<input type="checkbox"/> E85	<input type="checkbox"/> Other _____	<input type="checkbox"/> Gasoline all grades combined	<input type="checkbox"/> E85	<input type="checkbox"/> Other _____
<input type="checkbox"/> Use the existing permit limit			_____ Gallons per month		
<input type="checkbox"/> Requesting throughput limit increase. New limit:			_____ Gallons per calendar quarter		
_____ Gallons per month					
_____ Gallons per calendar quarter					

-For District Use only-

Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:
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Section 4: Equipment description

Storage Tanks								
Tank No.	Type		Capacity (gallons)	Tank Status		Fuel		
				New	Existing			
1	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 91 <input type="checkbox"/> E85	Diesel	
2	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 91 <input type="checkbox"/> E85	Diesel	
3	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 91 <input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
4	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 91 <input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>

Underground Tanks - Phase I Vapor Recovery System - Gasoline or E85 only							
Phase I Manufacturer and CARB Executive Order			Phase I Description Check the applicable Box(s)	P/V Valve			
				No. of Tank Vents	No. of P/V Valves	Make	Model
<input type="checkbox"/> VR-101 Phil-Tite	<input type="checkbox"/> VR-102 OPW	<input type="checkbox"/> VR-103 EBW	<input type="checkbox"/> Secondly Contained <input type="checkbox"/> Direct Bury <input type="checkbox"/> Remote <input type="checkbox"/> Vapor Riser <input type="checkbox"/> Remote Additive Fill <input type="checkbox"/> Offset <input type="checkbox"/> _____ <input type="checkbox"/> Double Fill	_____	_____	_____	_____
<input type="checkbox"/> VR-104 CNI	<input type="checkbox"/> VR-105 Emco Wheaton	<input type="checkbox"/> VR-_____					

Underground Tanks - Phase II Vapor Recovery System - Gasoline or E85 only						
Phase II Manufacturer and CARB Executive Order		No. of Nozzles		Processor Type	ISD	
		Existing	Additional or New		Make	Software version
<input type="checkbox"/> VR-201 Healy NO ISD	<input type="checkbox"/> VR-202 Healy with ISD	Triple-Product: _____	Triple-Product: _____	<input type="checkbox"/> Healy CAS <input type="checkbox"/> Hirt VCS100 <input type="checkbox"/> Veeder-Root Vapor Polisher <input type="checkbox"/> VST Green Machine <input type="checkbox"/> VST Membrane <input type="checkbox"/> _____	<input type="checkbox"/> INCON <input type="checkbox"/> Veeder-Root <input type="checkbox"/> Exempt from ISD, the facility's annual actual gasoline throughput is less than 600,000 gallons	_____
<input type="checkbox"/> VR-203 Balance NO ISD	<input type="checkbox"/> VR-204 Balance with ISD	Dual Product: _____	Dual Product: _____	<input type="checkbox"/> _____	<input type="checkbox"/> Exempt from ISD, the facility's annual actual gasoline throughput is less than 600,000 gallons	
<input type="checkbox"/> VR-205 VST with Hirt VCS 100 NO ISD	<input type="checkbox"/> VR-208 Emco Wheaton with Hirt VCS 100 NO ISD	Single Product (grade and no.): _____	Single Product (grade and no.): _____			
<input type="checkbox"/> VR-207 Emco Wheaton with Hirt VCS 100 NO ISD	<input type="checkbox"/> _____	_____	_____			
<input type="checkbox"/> VR-209 VST with FFS CAS NO ISD	<input type="checkbox"/> _____	Diesel: _____	Diesel: _____			
Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks						

Aboveground Tanks - Gasoline or E85 only					
No.	Information	Standing Loss Compliance	Phase I Manufacturer and CARB Executive Order	Phase II CARB Executive Order	No. of Nozzles
1	Make: _____ Model: _____ Serial No.: _____	The Tank is existing and it complies with VR-301: <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as certified. The Tank is new and it complies with VR-302: <input type="checkbox"/> The Tank is listed in VR-302 as certified.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/> _____	CARB Executive Order _____ Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	Triple-Product: _____ Dual Product: _____ Single Product (grade and no.): _____ Diesel: _____

2	Make: _____	The Tank is existing and it complies with VR-301: <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as certified. The Tank is new and it complies with VR-302: <input type="checkbox"/> The Tank is listed in VR-302 as certified.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/> _____	CARB Executive Order _____ Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	_____
	Model: _____				
3	Make: _____	The Tank is existing and it complies with VR-301: <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as certified. The Tank is new and it complies with VR-302: <input type="checkbox"/> The Tank is listed in VR-302 as certified.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/> _____	CARB Executive Order _____ Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	_____
	Model: _____				

Section 5: Operation information

Contractor Name: _____		Address: _____		Phone: _____	Email: _____
Technician/Installer Name _____	ICC Certificate _____	Phase I Certificate _____			

Section 6: Receptor information

Distance (Feet) and direction to the property line of closest: _____	Residence _____	Business _____	School _____
Name of Closest School (K-12) _____			

Section 7: Certification

I hereby certify that all information contained herein is true and correct.			
Name of Responsible Official _____		Official Title _____	
Signature of Responsible Official _____		Date Signed _____	
Phone: _____		Email: _____	

Application submission instructions:

- 1) Submit completed application to Engineering@mdaqmd.ca.gov
- 2) Pay the corresponding application fee of \$288 per permit for new or modified permit (or \$164 for change of owner) via check or credit card.

Payment by check:

Make check payable to **Mojave Desert AQMD**
 Mail the check with a copy of this completed application to:
Mojave Desert AQMD
 14306 Park Avenue
 Victorville, CA 92392

Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>
 Click "Pay Fees"
 Please note: **a surcharge applies for all credit card payments.**

- 3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov
- Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at **engineering@mdaqmd.ca.gov**